

**ARIZONA STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**STANDARD CERTIFICATE OF BIRTH**

State File No. 125  
 Registered No. 145

1. PLACE OF BIRTH

County Gila State \_\_\_\_\_

District or Township \_\_\_\_\_ or Village \_\_\_\_\_

City Globe No. Gila County Hosp. St. \_\_\_\_\_ Ward \_\_\_\_\_  
If birth occurred in a hospital or institution, give its NAME instead of street and number

2. Full name of child Keithley Earl McClain  
If child is not yet named, make supplemental report, as directed.

3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other. \_\_\_\_\_ 5. No., in order of birth. \_\_\_\_\_ 6. Legitimate? Yes 7. Date of birth Aug 13, 1928  
 Month Day Year

8. FATHER  
 Full name Earl Emmett McClain

14. MOTHER  
 Full maiden name Zola Mae Bonebrake

9. Residence (Usual place of abode) Duspiration Ariz  
 If non-resident, give place and state.

15. Residence (Usual place of abode) Duspiration Ariz  
 If non-resident, give place and state.

10. Color or race white

11. Age at last birthday 34 (Years)

16. Color or race white

17. Age at last birthday 26 (Years)

12. Birthplace (city or place) Plantin Mo  
 (State or country)

18. Birthplace (city or state) Tecoma Mo  
 (State or country)

13. Occupation Educator  
 Nature of industry Principal School

19. Occupation Home wife  
 Nature of industry

20. Number of children of this mother 2  
 (Taken as of time of birth of child herein certified and including this child).  
 (a) Born alive and now living. 2  
 (b) Born alive but now dead. 0  
 (c) Stillborn. 0

21. Were precautions taken against ophthalmia neonatorum. Yes

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Born alive at 5:40 P.M. on the date above stated.  
(For alive or stillborn)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this returns. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature Charles E. Davis  
 (Physician or midwife).

Given name added from a supplemental report \_\_\_\_\_ Address Miami Arizona  
 Month, day, year

Filed 9/13 1928 Registrar H.E. Wightman  
 Registrar

245-813-325

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth entered.  
 MATERIAL RESERVED FOR BINDING